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AUTHOR Parker, Reese
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ABSTRACT

The Drug Infusion Project, sought to Discretionary Fund of the Secretary of Education, sought to infuse drug education into ongoing subjects at all grade levels and to promote thinking of drug education as being done at the same time, rather than in addition to, ongoing subjects. The background of the project came from the Department of Education monograph, "Schools Without Drugs," which discusses themes such as the danger of drugs, the negative consequences of drugs on the educational process, and the concept of the school as a closed environment in which children could be taught to deal effectively with the drug problem. the project was well received by and promoted collaboration from the funding source and school personnel alike. It matched design requirements that the funding source had postulated for an effective, comprehensive, drug education approach and avoided detracting political and potentially negative accountability and targeting difficulties associated with other approaches. For school personnel, it promoted local ownership of curriculum, avoided the labeling of drug education as an "add-on," and enabled personnel to directly address a high priority societal issue in a professional way that did not displace them from their perceived-as-appropriate instructional realms, nor the comfort zones of their accustomed performance in that realm. (ABL)

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Perceived Strengths of Drug Education Infusion Strategies and Support from Funding Sources and School Districts

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Reese Parker, Ph.D.

Lewis Clark State College

Lewiston, Idaho

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Funk and Wagnalls
in-fuse (in.fyooz') v.t. 1. To instill or inculcate, as principles. 2. To inspire, imbue 3. To pour in.

Drug Education Infusion Project Proposal
In terms of curriculum impact to be gained from the project, and in light of the foregoing issues (bulging curriculum), project staff will pursue. . .efforts with school districts designed to infuse drug education into ongoing subjects at all grade levels. The infusion strategy promotes thinking of drug education as being done "at the same time" rather than "in addition to" ongoing subjects.

The proposal which resulted in the two year Drug Education Infusion Project was prepared in response to an RFP authorized through the Discretionary Fund of the Secretary of Education. Many of the specific articles and provisions which appeared in that RFP are included in the Drug Free Schools and Communities Program regulations for the current fiscal year. The background source for the RFP and for many of the provisions of the current Program was the Department of Education monograph, Schools Without Drugs, which was published under the leadership and auspice of the (then) Secretary of Education, William Bennett.

While Schools Without Drugs did not advocate "infusion" strategies as such, it did convey several themes and assumptions about drug education which were emphasized in our proposal and project. These themes held considerably greater curricular, operational and policy relevance, to the Department than was recognized by readers, and were often overlooked by reviewers who focused upon the "dark side of The Force" tone frequently ascribed to the publication. Examples of these themes follow.

First, the increasingly "clear and present danger" nature of

society's drug problem was deemed to demand constructive attention and effort from every sector of society if its progress was to be slowed and reduced in scope and effect. Second, the dire negative consequences visited upon the educational process in communities with serious drug problems demanded that drug education permeate every aspect of school operation as a "first line of defense measure," along with increased familial and community support for drug free schools.,

Third, while drug abuse was clearly conveyed as a total societal problem, the relatively "closed" environment of the schooling process was deemed the best option for ensuring that children and youth were repeatedly exposed to the knowledge, skills, values, attitudes and community networks they needed to deal effectively with the complex manifestations of "the drug problem." Finally, the monograph clearly identified the need to significantly expand the expertise available to school personnel to deal with the complexities of civil, criminal, constitutional and policy issues, as well as curricular instructional, and cocurricular matters. Expectations that they are to effectively function as one of the first lines of defense, in the best interests of the society as a whole, requires that such expertise be provided to them.

This brief background and context is provided as a backdrop for understanding why we found the funding source to be attracted to, and supportive of, our proposed infusion strategy when we were involved in negotiating (lowering, of course) the project budget. Department of Education staff and review panels judged the infusion strategy to have strength, first, because it made plausible the idea of K-12 permeation of curriculum and instruction with drug education objectives rather than focusing its impact upon dispersed units across selected subject areas

and/or specialized courses at a few grade levels. Second, the infusion strategy and individual district approach embraced the revered concept of local control, avoided the politically negatively-fraught notion of ". . .another Federally mandated program" and yet, represented the possibility that a district could exert the effort required to put a relatively comprehensive drug education program in place.

Third, those involved in evaluating the proposal clearly conveyed their belief that decisions children and youth make regarding drug use aren't essentially different in content, process and (although the decision could be much more deadly and debilitating) variables in the decision field, from other decisions that they make (e.g. shoplifting, use of violence, gang participation, extracurricular school involvement). For that reason, the personal decision-making, valuing, and behavioral selection dimensions included in the proposed infusion strategy were seen as strengths by the funding source.

Fourth, the infusion strategy did not target specific subject areas, grades, or teachers as being "responsible" for drug education. Some schools or areas which were experiencing much more evident and visible drug problems with their students, submitted proposals where instructional strategies were highly focused on specific courses, units, and grade levels (and thereby teachers). DOE staff reportedly asked those schools to broaden the scope of their proposed projects and resubmit under the Drug Free Schools and Community Program. Some proposers had difficulty understanding that while staff were certainly interested in promoting the "permeation of school operations" theme, they were equally interested in avoiding an identifiable set of teachers being "assigned" responsibility for drug education or, concomitantly,

being "blamed" for drug problems in schools and/or society.

The fifth and final strength of the infusion strategy identified by the funding source was related to the need to promote program ownership at the local level. DOE staff were extremely aware of the irregular record associated with schools adopting packaged curricula, specialized programs, "model" drug education approaches, etc. The lack of identification with, training in, or a combination of both, drug education programs adopted from external sources all too frequently leads to "fifth wheel" status for the program and no feeling of ownership, identification, or responsibility for its full implementation, maintenance and renewal at the school and classroom levels. The infusion strategy attends to the ownership factor in its development process and does not displace the ongoing curriculum nor require external expertise to any greater extent, for its maintenance and renewal, than does any other portion of the "locally owned and operated" curriculum.

While the time available for developing the funding proposal was extremely short, the time required to recognize the high level of felt need for drug education and the efficacy of the infusion strategy among school districts comprised one phone call. The first district we approached to solicit support for the proposal was extremely clear on two points; teachers, administrators and Board members wanted an active, effective drug education program in the worst way, and there was simply no room in the curriculum to "add it on" as a stand alone entity.

Idaho and Washington districts, with whom we work closely on a continuing basis, had recently experienced the first effects of State Commissions on Excellence which had increased the requirements for graduation by 20-25% (in terms of credits), imposed maximum days absent

rules for awarding credits, and mandated subject specific grade requirements. The respective Legislatures had endorsed reports of the Commissions, of course, and appropriated between 12-35% of the resources districts had identified as being required to implement the new programs, standards and rules.

While pressure from this source was perceived to be particularly intense for grades 9-12, other "add-on" requirements (sex education, pre-school handicapped education, AIDS education, developmental reading, etc.) were deemed by administrators and teachers alike to challenge a curriculum which, in their reality, was bulging at the seams. Perhaps the most telling remark here was received from a principal (also a strong advocate for drug education) who stated, "We have a _____ (fill it in) education curriculum; every identified social problem, national and state priority wants exclusive access to some fixed part of the 12,960 hours of every child's planned K-12 school attendance. I just can't see how we can stretch it anymore."

Following an explanation of our planned infusion strategy and one seemingly inevitable question or comment ("How can you do that in math?"), every district we contacted agreed to support the proposal. Further, almost all of them perceived the infusion strategy to represent a plausible approach to attain a drug education program which each of them wanted and felt certain was needed. More than a few overtly expressed excitement at the prospect of extensive involvement with the project.

A third reason surfaced to explain school personnel support of and identification with the infusion concept of drug education; it did not negate any curriculum development, inservice education or instructional

changes the respective districts had begun on their own initiative in order to pursue their felt needs for drug education. Most districts which had begun something, in fact, judged the infusion strategy to be supportive and expansive of their own efforts.

In our early contacts with teachers, the use of the infusion strategy helped to allay some of their sincerely felt shortcomings and to promote their feeling able to perform against a real felt need. Almost without exception, teachers we contacted wanted to do something directly about "the drug problem" and held rather realistic perceptions about how damaging, potentially dangerous and destructive the effects of the problem had and could yet become. At the same time, most felt that they did not have, and probably could not acquire, sufficient drug, or drug problem, specific knowledge to do a credible professional job of instruction for their students. Presentation of the infusion strategy and teachers' early experiences in working with it, exerted extremely positive effects in these areas.

Teachers' feelings of insecurity regarding drug-specific knowledge was balanced by the idea that it would be an integral part of their disciplines or curricula. The infusion strategy supported them in the comfort zones of their ongoing felt responsibilities for teaching children. This perceived security was further promoted as they discovered how "little" (although they usually learned a lot) drug specific content they needed to master in order to produce exciting, effective lessons in various subject areas. In our intensive workshops, in fact, teachers felt certain that the infused drug education content would promote better attending behavior by their students than had previously used content. (The final tally on that score isn't available

as yet.)

As these feelings of security emerged, teachers reported that they were able to act productively and personally to "do something about" a very real felt need. While the concept of an infusion strategy had not convinced them that this was the case, the experience of working with it had done so. Without specifically identifying it as such, the drug education infusion strategy was judged not to have threatened teacher comfort zones (a frequent death knell for innovation), but, in practice, had expanded them.

Teachers and principals (especially those in elementary schools) who attended infusion strategy workshops almost immediately identified the relevance of the approach for the various positive action, personal development and decision-making, citizenship education, etc. (there are many catch words) programs they were currently operating. The concepts of personal responsibility, concern for others, some notion of "common good," consequences of decisions and choices, social responsibility, etc. are apparently much more vivid, fruitful and relevant when elementary students apply them in drug education than when they are applied to self management difficulties occurring in classroom, lunchroom, and playground environments. While teachers report a need to protect against intrusion of fictionalized, sensationalized, and occasionally glamourized treatment of drug problems in the popular media, into children's perceptions of drug education, they also report sincere concern with and willingness to address drug related issues, at a personal level, even among second and third graders.

Finally, the infusion strategy does promote program ownership by the classroom teacher. Even those teachers who reported expecting the

intensive workshops to be filled with titillating but horror and tragedy-filled content related to the folly of drug use, and thereby arrived in a hesitant and somewhat standoffish mood, could hardly wait to share their infusion-based lessons with colleagues by the end of the experience. In the culminating workshop activities where role playing and demonstration lessons were the orders of the day, it was difficult to determine whether teachers were more happily anxious to share their "creations" with others or to get to role play a drug dealer, law and order zealot, religious fanatic, defenseless child, undercover agent, school principal, unbelieving parent, or other character that is so different from the forever responsible and reasonable classroom teacher.

In summary, the Drug Education Infusion project approach was well-received by and promoted collaboration from the funding source and school personnel alike. It matched design requirements that the funding source had postulated for an effective, comprehensive, drug education approach and avoided detracting political and potentially negative accountability and targeting difficulties associated with other approaches. For school personnel, it promoted local ownership of curriculum, avoided the labelling of drug education as an "add-on," and enabled them to directly address a high priority societal issue in a professional way that did not displace them from their perceived-as-appropriate instructional realms, nor the comfort zones of their accustomed performance in that realm.